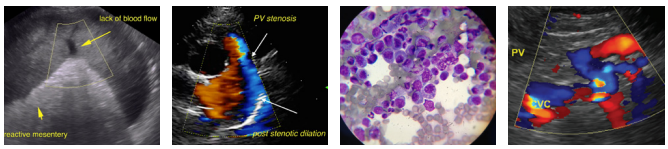
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT
Seco Wiard

SPECIES
Canine

BREED
Queensland Heeler

SEX
Male

AGE
15 Years

WEIGHT
20 Pound

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Cathy Carter

HOSPITAL NAME
Willamette VH

REFERRING VET
Dr. Lesley Cohen

INVOICE
37091

DATE
4/22/22

PRESENTING CLINICAL SIGNS

Presented to rdvm 4/20 for 3 week history of vomiting in the morning, now more lethargic. Pt has hx hip arthritis and heart murmur. Rx rimadyl and vetmedin, rimadyl has been discontinued with onset of GI signs, vetmedin has not been given the last few days due to anorexia. Pt lethargic, dull on exam. Soft abdominal palpation, normal lymph node palpation. Grade 6/6 systolic murmur, clear BV sounds in all fields. Prostatomegaly on rectal exam.
Abnormal PE/Chem/CBC/UA Results: 4/20: CBC- Neu 12.68, Lym 0.59 (stress leukogram), Plt 578. Chem- ALT too high to read, AST 359, ALP > 993, GGT 126, Tbili 0.8, Cholesterol >450, Cl 100
Radiographs, full body: Decreased cranial abdominal detail, empty stomach and intestine, no obstructive gas pattern. No obvious gall bladder stones. Enlargement of cardiac silhouette with normal appearance of lung parenchyma. 4/22: CBC- Neu 12.59, Lym 0.51 (stress leukogram), Plt 537. Chem- ALT too high to read (838), AST 616, ALP > 993, GGT 112, Tbili 0.8, Cholesterol 416

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal. The iliac trifurcation was unremarkable.

The **prostate** was uniformly enlarged with lobar swelling appeared to impinge upon the urethra and mildly deviate the descending colon. The prostate measured 4.14 cm x 2.39 cm. The prostatic tissue was hyperechoic containing focal areas of decreased echogenicity. These changes are suggestive of either chronic inflammatory episodes, benign cystic pathology or both. Underlying neoplasia cannot be completely ruled-out but is lower on the differential list. This presentation is most consistent with benign prostatic hyperplasia with possible active prostatitis. Neutering or off-label Finasteride (Propecia) (0.1-0.5 mg/kg Sid) treatment is indicated +/- FNA or prostatic wash cytology and culture.

The **kidneys** revealed moderate degenerative changes, irregular contour, cortical infarcts, remodeling and mineralization. The right kidney measured 5.92 cm. The left kidney measured 574 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 1.54 cm x 0.64 cm at the caudal pole and 0.63 cm at the cranial pole. The right adrenal gland measured 0.61 cm at the cranial pole and 0.45 cm at the caudal pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** revealed increased portal markings, consistent with chronic inflammatory hepatopathy. The gallbladder was mildly echogenic, yet unremarkable. Normal teardrop shape and anechoic content.

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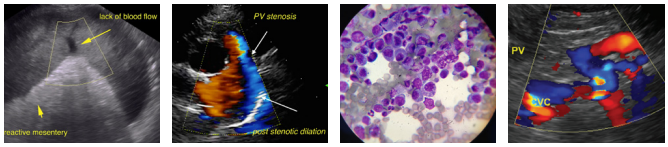

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Gastrointestinal

The **stomach** was overdistended with anechoic fluid. Echogenic mucosal remodeling noted. The small intestine and colon were unremarkable.

Pancreas

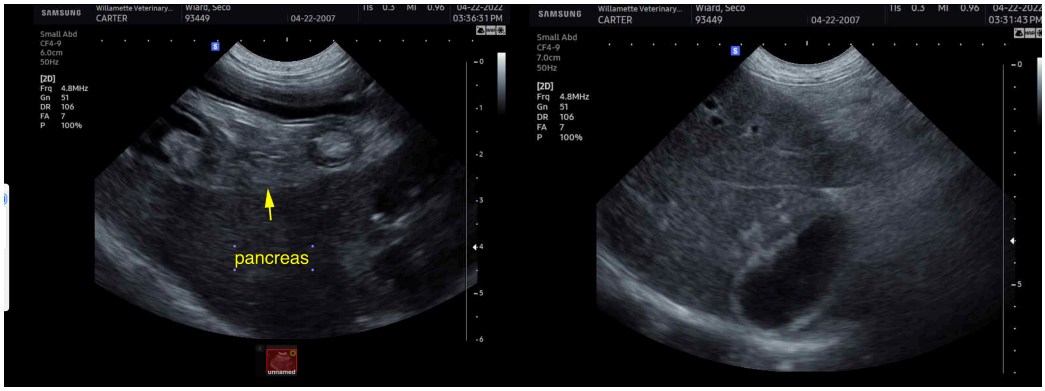
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

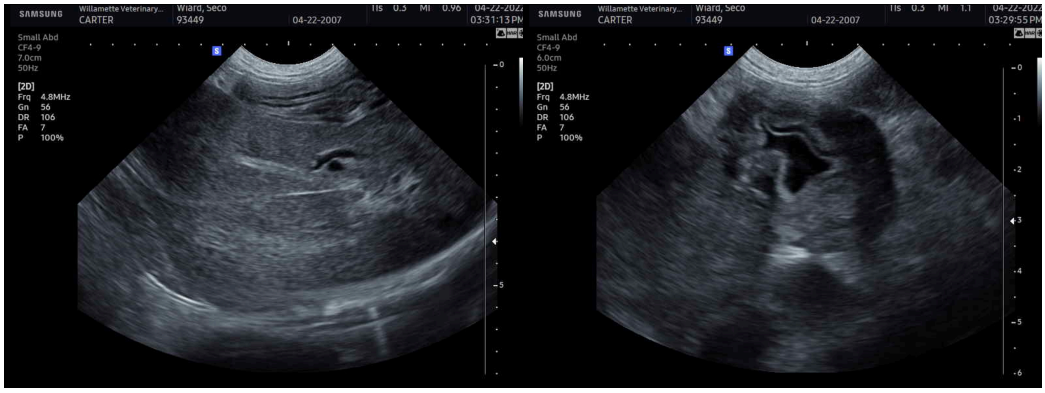
ULTRASONOGRAPHIC FINDINGS

- Chronic gastritis pattern, minor potential for emerging gastric neoplasia
- Hepatic remodeling
- Moderate degenerative renal changes
- Age related pancreatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Leptospirosis titers warranted. The chronic changes in the liver do not appear end stage. Therefore, acute on chronic insult is suspected, such as Leptospirosis. GI protectants, IV Ampicillin/Metronidazole combination, nutraceuticals all indicated. FNA of the liver for further definition. Endoscopy would be ideal to obtain mucosal biopsies of the stomach to ensure underlying neoplasia is not emerging. However, complete neoplastic criteria of the gastric wall was not met at this time.





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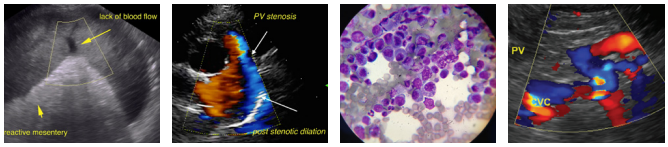

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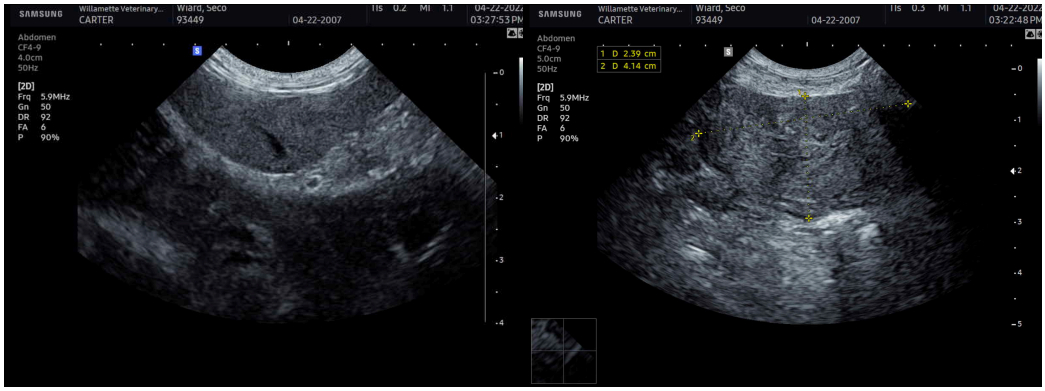

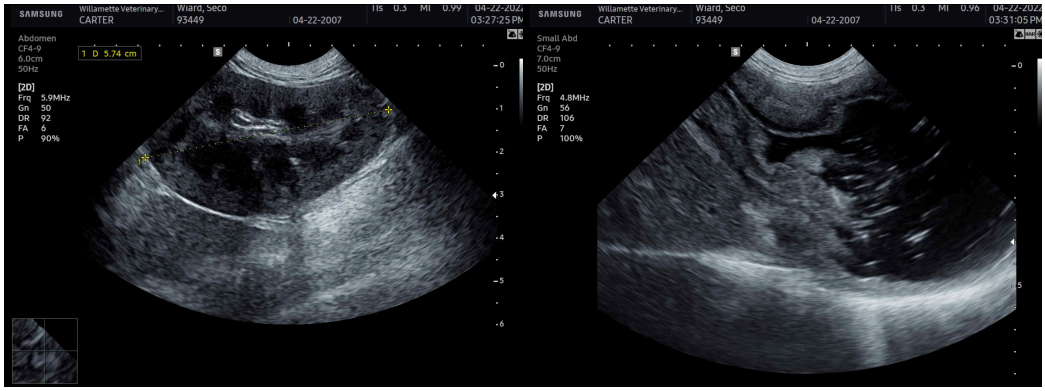

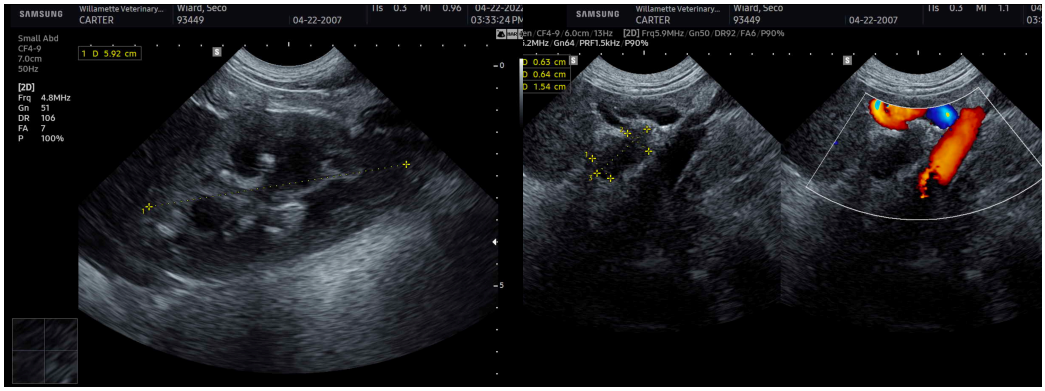

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com